

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	EPP	4/15/94
TYPIST	524	4-23-94
VERIFIER		
CORPS CORR.	500	5-25-94
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	
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13	✓
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15	✓
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23	✓
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29	✓
30	✓
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35	✓
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SYMBOLS

✓ Rejected
 = Allowed
 - (Through number) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 0 Objected

Claim	Date
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